

VIRGINIA BOARD OF MEDICINE

AD HOC COMMITTEE ON MIDWIFERY MINUTES

Friday, May 12, 2006

Department of Health Professions

Richmond, VA

CALL TO ORDER: The meeting of the Committee convened at 11:15 a.m.

MEMBERS PRESENT: Jane Piness, Chair
Deren Bader, CPM, DrPH
Barbara Kirkland, CNM
Juan Montero, MD
Wade Neiman, MD
Leslie Payne, CPM
Evelyn Turner, CNM - Retired

MEMBERS ABSENT: Sandra Bell, MD
James Dudley, MD
Brent Lambert, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Ola Powers, Deputy Executive Director - Licensure
Emily Wingfield, Assistant Attorney General
Elaine Yeatts, DHP Senior Policy Analyst
Colanthia Morton Opher, Recording Secretary

OTHERS PRESENT: Karin Talbert – American Academy of Pediatrics - VA
Leslie Elwood, MD – Chapter President, AAP-VA
Becky Bowers-Lanier, Commonwealth Midwives Alliance
Brynne Potter, Commonwealth Midwives Alliance
Ann Hughes, Medical Society of Virginia
Melanie Gerheart, Virginia OB/GYN Society

Adoption of Agenda

Ms. Payne moved to adopt the agenda as presented. The motion was seconded and carried.

Public Comment on Agenda Items

Leslie Elwood, MD, Chapter President of the American Academy of Pediatrics addressed the Committee expressing concern about the proposal for licensed midwives to possess and administer certain controlled substances. Dr. Elwood, in his statement, noted some of the primary concerns as being the necessity of administering certain medications to the infant within the time critical period immediately after birth, and in some cases, to the mother for protection of

future pregnancies. Dr. Elwood communicated to the Committee that there was some apprehension regarding the knowledge level of the licensed midwife in conducting the Virginia Metabolic Screen and managing the 29 conditions, jaundice screening, handling exposure group B strep, and their access to laboratories for these screenings. Dr. Elwood offered the assistance of the Chapter to Board in resolution of issues relating to the health and safety of the newborn.

Brynne Potter, representing the Commonwealth Midwives Alliance addressed the Committee to show their support for the development of the best possible mechanism for the safe practice of home birth and allowing licensed midwives to possess and administer certain controlled substances. Ms. Potter also advised that the Alliance supports the Board of Medicine's authority on deciding what drugs licensed midwives should be allowed to carry and administer and also the mechanism in obtaining them.

Ann Hughes, representative for the Medical Society of Virginia (MSV) advised the Committee that MSV opposed the request for licensed midwives to carry and administer any controlled substances. Ms. Hughes brought to the Committee's attention that the legislation passed in 2005 with language that expressly prohibited the possession of any controlled substances by a CPM and noted that this bill would not have passed had this language been contained in it. Ms. Hughes urged the Committee to carefully review the practices of other states that allow possession of controlled substances and note the requirement for a relationship with a physician.

Melanie Gerheart, representative for the Virginia OB/GYN Society informed the Committee that they share the same view as the Medical Society of Virginia and they also oppose the request to expand legislation or amend regulations that would allow licensed midwives to carry and administer certain controlled substances.

NEW BUSINESS

Dr. Harp briefly framed the issue noting that in the process of preparing final regulations, one of the matters discussed was that CPMs operated a little differently from physicians and certified nurse midwives, and that their law did not include medications when across the nation medications are used in the practice of midwifery. Dr. Harp stated that the issue of safety and margins of safety need to be addressed and consider whether a licensed midwife is safest to the public with or without access to medications. Dr. Harp pointed out that the Advisory Board's recommendation is for possession and administration and not prescriptive authority.

Ms. Yeatts referred to documentation provided in the agenda package indicating that it was a snapshot of what is happening in other states and advised that the focus should be whether a licensed midwife should be allowed to possess and administer certain controlled substances, and if so, which controlled substances and the conditions under which they would have such authority. Ms. Yeatts informed the Committee that most of the states require a prescription or standing order from a physician or a written agreement between the physician and midwife. Ms. Yeatts advised that there is consistency in the drugs that are permitted in other states.

Ms. Yeatts briefly discussed the practice act in §54.1-2957.9 advising that it specifies what the

Board of Medicine can do in regulations and says that "... prescriptive authority and the administration of controlled substances shall be prohibited. The Board would have to recommend legislation that would amend this section of the law and amend the Drug Control Act in §54.1-3408 that lists which practitioners have authority to administer controlled substances.

Dr. Bader suggested to the Committee that the other states' information be considered in historical context. Dr. Bader advised that Virginia has been able to take full advantage of the CPM credentials (training, educational requirements, job analysis, etc) and many of the states pre-date licensure requirements of the CPM credential. Dr. Bader further advised that both Utah and Wisconsin passed legislation after Virginia and used the CPM credential as a model for licensure.

Dr. Bader also stated that the licensed midwives' proposal to possess and administer certain drugs is not comparable to the certified nurse midwives with prescriptive authority that requires physician supervision, since prescriptive authority is very broad and the licensed midwives authority would be more specific to possession and administration.

Dr. Bader addressed Dr. Montero's question on the training and educational background for a direct entry level midwife. Dr. Bader also addressed concerns on the portfolio/apprenticeship pathway, pharmacology requirements and collaboration and referral to a physician.

The Committee discussed other issues of concerns to include the requirement for a practitioner to do an initial evaluation of the patient, practitioner-patient relationship, the ramifications of allowing licensed midwives to possess and administer, standard educational requirements developed by the Board, and the requirement for an extensive pharmacology program, etc.

Ms. Payne moved to recommend to the Board to propose legislation that licensed midwives be authorized to possess and administer certain controlled substances under certain circumstances as set forth by the Board of Medicine in regulation. The motion was seconded.

Dr. Montero advised that he opposes any such legislation stating that the educational background and level of knowledge of this profession does not seem to meet standards that should be required of anyone performing these services.

Dr. Montero suggested an amendment to the motion, and after discussion, asked that it be withdrawn.

The motion was 4 in favor, 2 opposed and 1 abstaining. Dr. Piness acknowledged the passing of the motion and advised the Committee that the recommendation would be submitted to the Full Board on June 22, 2006.

Dr. Neiman moved that a list of potential medications be developed for the Board of Medicine's use in the event that the recommendation is accepted. The motion was seconded. The vote was 6 in favor and 1 opposed.

Ms. Payne moved to propose the following list as potential medications for licensed midwives to possess and administer: IM Pitocin® for anti-hemorrhagic purposes only, IM methergine, Oral methergine, RhoGam, vitamin K, erythromycin ointment, lidocaine, Oxygen, and IV fluids. The motion was seconded. The vote was 6 in favor and 1 opposing.

Adjournment: With no other business to conduct, the meeting adjourned at 1:45 p.m.

Jane Piness, MD
President

William L. Harp, M.D.
Executive Director

Colanthia Morton Opher
Recording Secretary